

MISSOURI DEPARTMENT OF HEALTH

TREATH ALCOHOL POLESAIN

STATE PUBLIC HEALTH LABORATORY JUN -3 2000 DATAMASTER MAINTENANCE REPORT Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file. DATE OF INSPECTION DATAMASTER SN 06/01/2009 201227 TIME OF INSPECTION LOCATION OF INSTRUMENT (STREET AND CITY) 08:21 AM Fulton Police Department 510 Market Street, Fulton, Missouri CHECKLIST: Place a check (<) to the left of each Item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked Items must be corrected before using instrument. DIAGNOSTIC CHECK (PRINTOUT ATTACHED) ☑ DETECTOR ☑ COMPUTER **✓** FILTERS √ PROGRAM ☑ QUARTZ STANDARD °C ☑ HEATERS SAMPLE CHAMBER ☑ FLOW DETECTOR PRINTER PUMP HIGH SPEED ✓ INDICATOR LIGHTS TIME AND DATE ☑ SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34 C ☑ CALIBRATION CHECK -Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE **RECIRCULATION PUMP)** ☑ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE ☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) .100 .100 TEST 3 TEST 2 📂 .099 TEST 1 F PERFORM R.F.I. TEST (PRINTOUT ATTACHED) ☑ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS (DO NOT INCLUDE SIMULATOR TESTS) FOLLOWS: (Over .19) (.15-.19) (,05-,09) (.10-.14)0 (0-.04)REFUSALS 4 List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary) Instrument meets all DOHSS specifications

		ĺ
INSPECTING OFFICER	PRINT NAME	
SIGHTON.	H. Roger Rice	Γ
TYPE II PERMIT NUMBER EXPIRATION DATE	TELEPHONE NUMBER	
920018 02/06/2011	(573) 592-3100	j

Guth Laboratories Reference Solution Lot #08400 Expiration Date 12/08/2009

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 08400 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1204 percent (w/vol) ethyl alcohol. The expiration date for this lot number is December 8, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOUR1 FULTON POLICE DEPARTMENTE

BAC DATAMASTER SERIAL NUMBER 201227 06/01/09 08:21

--- DIAGNOSTIC CHECK ---

COMPUTER:

OKAY

PROGRAM (84-87-2889):

OKAY

HEATERS

SAMPLE CHAMBERS

490

FLOW DETECTOR:

OKAY

PHISP

HIGH SPEED:

OKAY

DETECTORS

OKAY

FILTERSI

OKAY

QUARTZ STANDARD:

OKAY

CALIBRATIONS

OKAY

PRINTER TEST

!"##%%(()*+,-./0123456789:;<=>?@ABCDEF6
WIJKLMMOPORSTUVWXYZ[\]^_'abcdefghijklmno
pqrstuvwxyz()>*

OPERATOR SIGNATURE

Card Stock No. 60021

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI FULTON POLICE DEPARTMENTE

BAC DATAMASTER SERIAL NUMBER 201227

HEREST TIME: 08:00

SUBJECT NAME:

TËST

DOS 01/01/01 SEX: M

STATE/D.L.: MO/1234567898

HRRESTING OFFICER:

TEST

OFFICER I.D.: 00

TEXTING OFFICER:

RICE/ROGER

OFFICER I.D.: 03

PERMIT MUMBER: 920018

EXPIRATION DATE: 02/06/11

MISCELLANEOUS DATA:

-- BREATH AMALYSIS

KHINIO INTERFERENCE

R SIGNATURE

No

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
FULTON POLICE DEPARTMENTE

DATAMASTER SERIAL NUMBER 201827 06/01/09

LING OFFICER: ICE/ROGER ICER I.D.: 03 MIT NUMBER: 920018 IRRTION DATE: 02/06/11 CELLAMEOUS DATA:

--- SUPERVISOR MODE ---

AK TEST	. 866	98:25
ERMAL STAMBARD	VERIFIEL	
JERNAL STANDARD	.099	gs: es
PAK TEST	: 896	
ERMAL STAMBARD	.100	88:27
WHE TEST	. 899	68428
TERMEL STAMBARD	. 100	98:28
ák test	. 698	88129

() = .1 () = .0996

3

SIGNATURE

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



H.ROGER RICE

is hereby authorized to instruct ar calibrate, perform field repairs, and o	nd supervise operators, train instructors, inspect, perate the following breath analyzer(s):			
DATAMASTER				
for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.				
Date 02/06/09	John & Mathewson			
920018	Director of State Public Health Laboratory			
02/06/2011 Expires	Margart T. Connelly			
MO 580-0771 (7-88)	Director, Department of Health Lab. 4 (R7-88)			